## **BEST AVAILABLE COPY**

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

2700-01

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                       |                    |                                 |                  |     | SMALL ENTITY TYPE |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|---------------------------------------|--------------------|---------------------------------|------------------|-----|-------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 12                                    |                    |                                 |                  |     | RATE              | FEE                    |    | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED                          |                    | NUMBER EXTRA                    |                  |     | BASIC FEE         | 355.00                 | OR | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 72 minus 20=                          |                    | . 52                            |                  |     | X\$ 9=            | 468                    | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS   |  |   | 4 minus 3 =                           |                    | 1                               |                  |     | X40=              | 40                     | OR | X80=                       |                        |
| MULTIPLE DEPENDENT CLAIM P   |  |   | RESENT                                |                    |                                 |                  |     | +135=             |                        | OR | +270=                      |                        |
| • If   | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                    |                                 |                  | 1   | TOTAL             | 863                    | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART   |  |   |                                       |                    |                                 |                  |     | SMALL E           | NTITV                  | OR | OTHER<br>SMALL             |                        |
| (Column 1)   |  |   | (Column 2) (Co                        |                    |                                 | (Column 3)       |     | SWALL             |                        |    | OMALE !                    |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVI       | BER<br>OUSLY<br>FOR             | PRESENT<br>EXTRA | \   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 74                                      | Minus                                 | /                  | 22                              | = (;             |     | X\$ 9=            | <i>?</i> )             | OR | X\$18=                     | . /                    |
|  | Independent                                    | . 4                                       | Minus                                 | ***                | 6                               | = 3              |     | X40=              | 80                     | OR | X80=                       | ,                      |
|  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE                            | PENUEN             | CLAIM                           |                  | J   | +135=             | 1)                     | OR | +270=                      |                        |
|  |  |   |                                       |                    |                                 |                  |     | TOTAL             | 16                     | OR | TOTAL                      | /                      |
| ADDIT. FEE   |  |   |                                       |                    |                                 |                  |     |                   |                        |    |                            |                        |
| _  |  | (Column 1)<br>CLAIMS                      |                                       |                    | mn 2)                           | (Column 3)       | 1 . |                   |                        |    | F                          |                        |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUN<br>PREVI       | MBER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA |     | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                                 | ••                 |                                 | =                |     | X\$ 9=            |                        | OR | X\$18=                     | ,                      |
|  | Independent                                    | NTATION OF M                              | Minus                                 | ···                | T CLAIRA                        | =                |     | X40=              |                        | OR | X80=                       | ~                      |
| <u> </u>   | rino i FRESE                                   | INTATION OF M                             | OLTIFLE DE                            | LINDEIN            | - OLAIIVI                       |                  | L   | +135=             |                        | OR | +270=                      |                        |
|  |  |   |                                       |                    |                                 |                  |     | TOTAL ADDIT. FEE  |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|  |  | (Column 1)                                |                                       | (Colu              | ımn 2)                          | (Column 3)       | L   |                   |                        |    |                            |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIG<br>NUM<br>PREV | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA |     | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                                 | ••                 |                                 | =                |     | X\$ 9=            |                        | OR | X\$18=                     |                        |
|  | Independent                                    | •   | Minus                                 | •••                |                                 | =                |     | X40=              | <del></del>            |    | X80=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                    |                                 |                  | ]   |                   | -                      | OR |                            |                        |
|  |  |   |                                       | 0                  | 10 HOH :                        | olumn 2          |     | +135=             |                        | OR | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |                    |                                 |                  |     |                   |                        |    |                            |                        |